



CITY OF HOUSTON

Fire Department

Annise D. Parker

Mayor

Terry Garrison
Fire Chief
600 Jefferson St., 7th floor
Houston, Texas 77002

T. 832-394-6702
F. 832-394-6780
www.houstontx.gov

Revised May 2014

All Houston Fire Department (HFD) applicants **shall** submit copies of the following immunization/test records to the HFD Infection Control Office either in person or via fax (832-394-6890).

Hepatitis B

- Non-Certified Applicants—Must show proof of 2 Hepatitis B injections. (Should be in compliance with CDC immunization schedule).
- Certified Applicants—Must show proof of a complete Hepatitis B injection series. (Should be in compliance with CDC immunization schedule). If the applicant has received the complete Hepatitis B series and the records are not accessible, an accredited lab report confirming a Hepatitis B **quantitative** blood titer greater than or equal to 10 MIU/mL is acceptable.
- All Applicants—If the date of the final (3rd) Hepatitis B injection is greater than two (2) months prior to finalization of the applicant's immunizations records, he/she **shall** also provide an accredited lab report confirming Hepatitis B **quantitative** blood titer greater than or equal to 10 MIU/mL. Applicants with a **quantitative** blood titer less than 10 MIU/mL **shall** begin a second Hepatitis B vaccination series and obtain, at minimum, the first injection of the second series prior to finalization of their immunization records. Any applicant with a Hepatitis B **quantitative** blood titer less than 10 MIU/mL **must** provide proof of a completed Hepatitis B vaccination series.

Tetanus, Diphtheria and Pertussis (TDAP)—Proof of immunization within the past five (5) years. Must be an **Adult** dose of Tetanus, Diphtheria, and Pertussis vaccine. If the applicant has proof of a Tdap vaccine that was administered greater than five (5) years prior to the finalization of the applicant's immunizations records, he/she **shall** also provide proof of a Td (Tetanus and Diphtheria) vaccine within the past five (5) years.

TB Skin Test (TST/PPD)—Proof of Two-step TST completed within the last six (6) months with **documented results**. The second test must be placed at least 7 days after a negative reading of the first test.

- An accredited lab report providing TB blood test results completed within the last six (6) months is an acceptable substitute for the Two-step TST.
- Applicants with a new positive result, or a history of testing positive **shall** provide the results of a negative chest x-ray within the past six (6) months. Applicants providing a chest x-ray **shall** provide proof of a positive TST or blood test.
- Applicants with a positive chest x-ray within the past six (6) months **shall** provide written documentation from his/her physician attesting to non-communicability.

Measles, Mumps, Rubella (MMR)—Proof of two (2) doses of the MMR vaccine is **required**.

- The first MMR vaccination is usually recorded in childhood immunization records.
- Each dose must be **at least** 28 days apart.
- A titer from an accredited lab showing immunity to MMR is acceptable.

Chickenpox/Shingles (Varicella/Herpes Zoster)—Positive titer proving history of chickenpox disease or shingles, **OR** proof of two (2) doses of the varicella vaccine.

- Applicants who have had chickenpox or shingles **must** provide an accredited lab report confirming a positive varicella titer.
- Each dose of varicella vaccine **must** be at least 28 days apart.

Proof of these immunizations/tests will be required **prior to** the applicant receiving a conditional job offer. Conditional job offers are issued by HFD recruiters.

Terry Garrison
Fire Chief

Council Members: Helena Brown Jerry Davis Ellen R. Cohen Wanda Adams Mike Sullivan Al Hoang Oliver Pennington Edward Gonzalez
James G. Rodriguez Mike Laster Larry V. Green Stephen C. Costello Andrew C. Burks, Jr. Melissa Noriega C.O. "Brad" Bradford Jack Christie
Controller: Ronald C. Green

HFD Approved Immunization Schedules		
Vaccine/Test	Schedule	Contraindications
Hepatitis B	3 Vaccines followed by QN Titer	Documentation of positive (≥ 10) QN titer OR documentation of being non-responder
Vaccine #1	*At any time	Documentation of positive (≥ 10) QN titer OR documentation of being non-responder
Vaccine #2	4-8 Wks. after Vac. #1	Documentation of positive (≥ 10) QN titer OR documentation of being non-responder
Vaccine #3	≥ 16 Wks. after Vac. #1 AND ≥ 8 Wks. after Vac. #2	Documentation of positive (≥ 10) QN titer OR documentation of being non-responder
Quantitative (QN) Titer	≥ 8 Wks. After Vac. #3	Documentation of positive (≥ 10) QN titer OR documentation of being non-responder
Vaccine #4	At any time if QN titer is low (< 10)	Documentation of positive (≥ 10) QN titer OR documentation of being non-responder
TDAP (Adult)	One Vaccine	Documentation of at least one adult dose of the TDAP vaccine
TD	One Vaccine	Documentation of an adult dose of the TDAP vaccine within the past 5 years
TB Skin Test (TST)	2 TSTs	Documentation of a positive TB Skin Test or positive TB Blood Test
TST #1	*Placed any time	Live virus vaccine (MMR or Varicella) administered < 28 days before TST placed
	Read 48-72 Hours After Placed	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
TST #2	*Placed 7-21 Days after TST #1	Live virus vaccine (MMR or Varicella) administered < 28 days before TST placed OR a positive reading for TST #1
	Read 48-72 Hours After Placed	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
TB Blood Test	One test	Live virus vaccine (MMR or Varicella) administered < 28 days before test performed
Chest X-Ray (CXR)	One CXR	Documentation of two negative TSTs or negative TB Blood Test OR No documentation of a positive TST or positive TB Blood Test

(*) Indicates a deadline to start series or begin testing may be imposed in order to meet compliance dates provided by Classified Recruiting

Approved Immunization Schedules		
Vaccine/Test	Schedule	Contraindications
MMR	Two Vaccines	Documentation of two MMR vaccines
MMR #1	*At any time	< 28 days after receiving a Varicella vaccine
MMR #2	≥ 28 Days after MMR #1	< 28 days after receiving a Varicella vaccine
MMR Titer	Only indicated if you are certain you have received two MMR vaccines but have no documentation (Military is the most likely scenario)	Documentation of two MMR vaccines
Varicella (VZV)	Two Vaccines	Documentation of two Varicella vaccines
Varicella #1	*At any time	< 28 days after receiving an MMR vaccine
Varicella #2	≥ 28 Days after Varicella #1	< 28 days after receiving an MMR vaccine
Varicella Titer	At any time with history of Chickenpox disease	Documentation of two Varicella vaccines

(*) Indicates a deadline to start series or begin testing may be imposed in order to meet compliance dates provided by Classified Recruiting

Houston Area Clinics

Clinic Name, Address & Phone		Hours	Hep-B	Hep-B Titer	Tetanus- Diphtheria (Td)	TDaP	TB Test (TST)	Chest X-Ray	Measles, Mumps, Rubella (MMR)	Varicella	Varicella Titer
Centra Clinic											
(832)328-0044	6718 Texas Hwy 6 (@ Bellaire)	M-F 9a-6p Sat 9a-2p									
(281)861-0600	16316 FM 529	M-W 9a-6p Th-F 10a-7p	\$70	\$50	\$35	\$70	\$24	----	\$70	\$70	\$85
Concentra Medical Centers (10 Locations)											
(713)223-0838	2004 Leeland	M-F 8a-5p	\$70	\$76	\$43	\$81	?	\$61	\$75	\$117	----
Occucare											
(713)802-0801	5151 Katy Fwy #170 (@ TC Lester)	M-F 8a-5p	\$75	\$15	\$50	\$60	\$18	\$30	\$80	\$120	\$40
Passport Health Houston (6 Locations)											
(713)467-6575	9601 Katy Fwy #250	M-F 9a-5p Hours May Vary Call for Appointment	\$90	\$60	\$50	\$75	\$35	\$75	\$95	\$140	\$65
Express Family Clinic											
281-742-0624	610 Rayford Rd. #644	M-F 9a-6p	\$25	\$25	N/A	\$20	\$15	N/A	\$20	\$20	\$25
Any Lab Test Now (Multiple Locations)											
(281) 888-5293	2282 W Holcombe Blvd.	M-F 8:30a-6:30p Sat 9a-3p									
(713) 869-5526	2902 N. Shepherd Dr., Suite E	M-F 8:30a-6:30p Sat 9a-3p									\$49
(713) 266-7900	5901 Westheimer Rd, Suite W	M-F 8:30a-6:30p Sat 9a-3p									

This list is provided by HFD Infection Control as a reference. Immunizations and tests do not have to be performed at the above clinics.

ALL PRICES ARE SUBJECT TO CHANGE. CALL AND VERIFY LOCATIONS, COSTS AND HOURS OF OPERATION